

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>70/523170</u>		
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		<b>7 TOTAL AMOUNT OF REFUND</b>		\$ <u>100</u>
		<b>8 TO BE REFUNDED BY:</b>		
<b>10 REASON:</b>		<input type="checkbox"/> Treasury Check		
		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>9</b>   0 6 -- 1 3 7 8         </div>		
<b>11 REFUND REQUESTED BY:</b>				
<b>TYPED/PRINTED NAME:</b> <u>John Anderson</u>		<b>TITLE:</b> <u>Paralegal Specialist</u>		
<b>SIGNATURE:</b> <u>John Anderson</u>		<b>PHONE:</b> <u>305-9140 ext 211</u>		
<b>OFFICE:</b> <u>DET - DO/EO</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
<b>APPROVED:</b> _____		<b>DATE:</b> _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**